

SERIAL NUMBER <div style="text-align: center;">09/014,525</div>	FILING DATE <div style="text-align: center;">01/28/98</div>	CLASS <div style="text-align: center;">395</div>	GROUP ART UNIT <div style="text-align: center;">2384 2756</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">CM02261H</div>										
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">APPLICANT</div> <div> <p>MICHAEL SASUTA, MUNDELEIN, IL; DANIEL MCDONALD, CARY, IL; MARK SHAUGHNESSY, ALGONQUIN, IL.</p> <p>**CONTINUING DOMESTIC DATA***** VERIFIED</p> <p>_____</p> <p>**371 (NAT'L STAGE) DATA***** VERIFIED</p> <p>_____</p> <p>**FOREIGN APPLICATIONS***** VERIFIED</p> <p>_____</p> <div style="display: flex; justify-content: space-between;"> FOREIGN FILING LICENSE GRANTED 03/11/98 ***** SMALL ENTITY ***** </div> </div> </div>														
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td style="width:10%; border-bottom: 1px solid black; text-align: center;"> STATE OR COUNTRY IL </td> <td style="width:10%; border-bottom: 1px solid black; text-align: center;"> SHEETS DRAWING 5 </td> <td style="width:10%; border-bottom: 1px solid black; text-align: center;"> TOTAL CLAIMS 48 </td> <td style="width:15%; border-bottom: 1px solid black; text-align: center;"> INDEPENDENT CLAIMS 10 </td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black;"> Verified and Acknowledged <u>Examiner's Initials</u> _____ <u>Initials</u> _____ </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 10	Verified and Acknowledged <u>Examiner's Initials</u> _____ <u>Initials</u> _____				
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<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">TITLE</div> <div> <p>METHOD AND APPARATUS FOR PROCESSING SERVICES IN COMMUNICATION SYSTEM</p> </div> </div>														
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border-right: 1px solid black; vertical-align: top;"> FILING FEE RECEIVED <div style="text-align: center;">\$1,980</div> </td> <td style="width:40%; vertical-align: top;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: </td> <td style="width:45%; vertical-align: top;"> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div> </td> </tr> </table>					FILING FEE RECEIVED <div style="text-align: center;">\$1,980</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>							
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